

**Speech-Language Pathology and Audiology Board**

1422 HOWE AVENUE, SUITE 3, SACRAMENTO, CA 95825

TELEPHONE: (916) 263-2666/ FAX: (916) 263-2668

www.slpab.ca.gov

**Audiology Practice Committee Meeting Minutes
January 26, 2007**

Department of Consumer Affairs
Medical Board of California
1424 Howe Avenue
Greg Gorges Conference Room "F"
Sacramento, CA 95825
(916) 263-2666

Committee Members Present

Alison Grimes, AuD, Chairperson
Rebecca Binge, M.A.
Naomi Smith, AuD

Staff Present

Annemarie Del Mugnaio, Executive Officer
Lori Pinson, Staff Analyst
George Ritter, Legal Counsel

Board Members Present

Lisa O'Connor, M.A.
Jennifer Hancock, M.A.
Diana Verdugo, M.S.
Carol Murphy, M.A.

Board Members Absent

Paul Donald, M.D.

Guests Present

Robert Ivory, Audiologist California Academy of Audiology
Hallie W. Marrow, M.D., M.P.H., Department of Health Services Children's Medical Services Branch
V. David Banda, Newborn Hearing Screening Program, Department of Health Services Children's Medical Services Branch-
Lisa M. Satterfield, M.S., CCC/A Audiology Consultant, Department of Health Services Children's Medical Services Branch
Jennifer Sherwood, M.A., Audiology Consultant, Department of Health Services Children's Medical Services Branch
April Freeman, Board of Occupational Therapy
Beth Scott, Future Board Staff- Associate Governmental Program Analyst

I. Call to Order

Chairperson Binge called the meeting to order at 11:10 a.m.

II. Introductions

Those present introduced themselves.

III. Discussion with Representatives From the Department of Health Services, California Children's Services Newborn Hearing Screening Program Regarding Audiology Provider Qualifications/Training and Collaborative Oversight Activities with the Board (*David Banda, Program Chief, Hallie Morrow, M.D., Program Consultant, Jennifer Sherwood, Audiologist and Lisa Satterfield, Audiologist*)

Mr. Banda addressed the Committee and provided background information regarding the growth and refinement of the Newborn Hearing Screening Program (NHSP) as a result of the new legislative initiative, Assembly Bill 2651, the provisions of which will take effect January 1, 2008. He reported that AB 2651 mandates newborn hearing screenings for every newborn birthed in a general acute care hospital in the state. Mr. Banda stated that he and the other representatives present were interested in brainstorming with the Committee and the Board about viable action plans to increase access to qualified audiologists who are willing and prepared to serve as paneled providers for the NHSP, and to improve the quality of services and the competency of audiologists currently providing pediatric assessments and interventions under the program. He explained that while budget appropriations were allocated to the NHSP with the adoption of AB 2651 for expanding the Hearing Coordination Centers, there may still be a limited supply of personnel to work as quality assurance monitors reviewing charts and practitioner reports in the field. Mr. Banda stated that when he, Dr. Morrow, and Ms. Sherwood addressed the Board back in 2004, they discussed related issues regarding pediatric audiology standards and the lack of qualified personnel to serve the NHSP and the need for educational outreach to the audiology community. He stated that, while strides have been made in terms of modifications to the communication disorders standards and to the infant assessment guidelines and the delivery of new training courses for paneled audiologists, the challenges the program and the state faced back in 2004 are still extant. Mr. Banda reported that the California NHSP is the largest of its kind in the nation and will become even larger with the advent of the universal screening mandate. As such, there will be an even greater demand for qualified audiologists who are knowledgeable and skilled in conducting infant hearing assessments for the pediatric population. As well, these audiologists must be educated on program referrals to Early Start interventions and to the NHSP data reporting mandates. Mr. Banda stated that he and his colleagues continue to emphasize the necessity of the NHSP as a developmental emergency for infants with a hearing loss as research demonstrates that a hearing deficit of any degree can impede brain development and most specifically impair speech and communication abilities.

Dr. Morrow provided the Committee with statistical information captured for the NHSP as follows:

- Currently there are approximately 175 CCS-approved hospitals in the state representing approximately 415,000 births per year.
- Approximately 411,000 babies receive a newborn hearing screening per year in the state.
- 2% of the babies screened do not pass the initial hearing screening and are re-screened at an out-patient facility operated by trained professionals, e.g., audiologists, nurses, physicians.
- About 2 per 1000 babies are diagnosed with a hearing loss.
- In 2005 approximately 700 babies were diagnosed with hearing loss.
- All babies diagnosed with a hearing loss should be referred to an Early Start Program. According to available statistics, approximately 70-80% of babies are being referred to the Early Start Programs by 6 months of age.

- Pursuant to AB 2651, an additional 100 hospitals will be added to the CCS program.
- The added 100 hospitals will birth approximately 125,000 babies per year of which an additional 1,250 infants per year will need diagnostic testing by an audiologist and 250 of those infants will be identified as having a hearing loss and require follow-up services.
- The total number of babies projected to be screened a year will be approximately 540,000 of which 1% will fail the initial hearing screening and will be referred for diagnostic testing.

Dr. Morrow commented that the statistics clearly document the demand for pediatric services by qualified audiologists and speak to the existing access issues.

Mr. Banda introduced Ms. Sherwood who provided the Committee with examples of cases where audiologists, who are CCS paneled providers, failed to provide complete and appropriate diagnostic testing on infants, recommend follow-up treatment in a timely manner, or refer children for further treatment.

Ms. Satterfield also provided the Board with examples of other cases where the treating audiologist did not follow appropriate protocols and failed to refer patients for cochlear implant evaluations in a timely manner. Delays in referring a child for an implant may cause significant developmental delays for the child and compromises the benefit of early intervention strategies.

The Committee discussed these sample cases with the CCS representatives and determined that further action on the part of the Board, the NHSP, and possibly the Legislature is in order.

Mr. Banda requested that the Board work with the NHSP on joint communications directed to audiology providers, notifying them of identified compliance issues. He also requested that the representatives from the NHSP and the Board continue to dialogue on ways to attract qualified audiologists to the NHSP to serve the CCS population. Mr. Banda stated that he would also like to discuss the audiology pediatric standards and possibly a pediatric subspecialty for audiology with the Committee at a future meeting.

Ms. Grimes inquired whether changes were being considered to the reimbursement systems of Medi-Cal and EDS. She commented that poor reimbursement rates for audiological and hearing aid services is a primary reason that many audiologists do not want to serve the CCS population. She suggested that a legislative change may be in order to completely overhaul the existing reimbursement structure.

Mr. Ivory suggested that automated forms and more simplified instructions for submitting reimbursement documents would help tremendously and may be a more manageable change to make in the immediate future.

Ms. Del Mugnaio proposed that another meeting be held in April in conjunction with the next scheduled Board meeting where representatives from the state and national audiology professional groups could meet with the Committee and the NHSP to discuss the issues related to access of qualified audiology personnel, audiology pediatric standards, and associated state and federal reimbursement issues. Ms. Del Mugnaio agreed to arrange the meeting and send notices

to the appropriate parties from the California Academy of Audiology, the American Academy of Audiology, and the NHSP representatives.

Chairperson Bingea adjourned the meeting at 12:05 p.m.

Annemarie Del Mugnaio, Executive Officer